

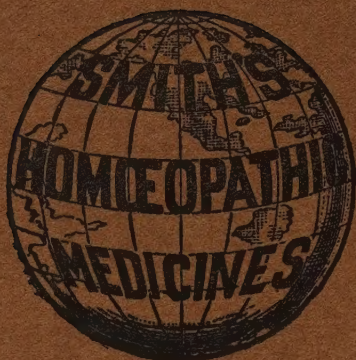
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VOL XXXIII

JULY

NO. 1



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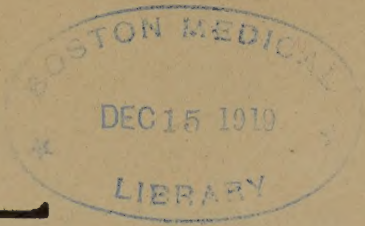
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VOLUME XXXIII

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The General Practitioner of Medicine and the Cancer Problem*

BY

GEORGE W. ROBERTS, F. A. C. S., CLASS OF 1889.

Surgeon to the Hahnemann Hospital.

INDIVIDUAL physicians and investigators, actuated purely by scientific interest, have studied the cancer problem for many, many years; public institutions, colleges, universities and scientific societies have fostered this investigation in every possible way; governments have appointed and financed commissions to compile statistics and draw therefrom conclusions relating to cancer; philanthropists have donated millions to the establishment of foundations which support laboratories fully manned and equipped for cancer research,—and yet after many years of effort we are in possession of very little definite information as to the origin, cause, or any new method for the cure, of cancer.

It is true that the microscopic characteristics and classification of different forms of cancer, as well as the conditions surrounding this disease in lower animals, have all been studied and that great advance has been made in these directions, but it

*Read before the Homeopathic Medical Society of the State of New York, April 11, 1916.

still remains a fact that the net practical result of all this effort is, as yet, hardly noticeable.

About the only well established fact regarding the etiology of cancer is that under certain circumstances long continued irritation seems to be a causative factor, but knowledge of this fact antedated organized effort at research by many years.

All this does not mean that the time and effort in this direction has been wasted, it does not mean lack of healthy progress, because volumes of data are now at hand and no one need be surprised at the sudden announcement of the discovery of some very simple fact, which, forming the connecting link in the cancer story, will in a twinkling bring forth a theory as epoch making in human history as was the birth of the germ theory.

Notwithstanding the purely scientific interest which fascinates the individual investigator, the mainspring which gives impetus to this whole work is the desire to find a more reliable and satisfactory remedy for cancer than any yet available to the physician or surgeon: with cancer mortality as high as we know it to be, with no prospect of its decrease and the opinion held by many that it is on the increase, how important are these efforts and how regrettable their failure to throw more light upon their main object.

But we, as practicing physicians, must take therapeutic resources as we find them to-day; it is not a part of our business to dream of the accomplishments of the future—far better to leave this to the scientific investigator while we bend all *our* energies to the effective use of remedies, the value of which are now well known.

Now, this society is made up almost exclusively of practical men whose highest object is—and whose reputation and even living depends upon—their ability to alleviate human suffering and prolong human life and happiness. In our application of these objects to the cancer problem it is only human nature that each specialist should become somewhat of a partisan of that particular method of treatment which at this particular period of our lives is engrossing our attention. If the specialist of one sort “rows” it with that of another, no harm is done and usually some good, for one or the other is often thereby inveigled into telling some real truth.

Whether Radium and the X-ray are as valuable in the treatment of cancer as it is claimed is not material to the present argument; I for one am very willing to admit that each has a very useful field, and I believe that great strides are being made in the proper definition on the field of usefulness of each of these wonderful agents; in making this statement we must, however, not forget two very important facts: 1st. That regardless of all the therapeutic accomplishments of the past hundred years, including Radium, X-ray and all the inoculation methods, the method of choice at the present time for the treatment of more than 95 per cent. of cancers of all varieties and in all locations is early complete surgical removal; it is to be feared that this fact sometimes becomes obscured, because, in the acute struggle to place in their proper places new methods, their advocates sometimes make such a turmoil as to perhaps unintentionally divert attention from more serious facts.

The second important fact is that if we grant the Roentgenologist and radiologist all he claims and more, he can only join with us in our plea for the *early* diagnosis of cancer because time is no less a factor in his program than in that of the surgeon. We can start then with the postulate that whatever the method of treatment contemplated or selected, the earlier the treatment is applied the greater the likelihood of permanent cure.

Then comes the question of whether permanent cure is possible, and the prompt affirmative reply comes from so many and such reliable sources that no doubt can remain; thousands upon thousands of cases of cured cancer of five or more years' standing are upon record; there is hardly an active surgeon within the acquaintance of any member of this society who cannot produce a creditable list of cured cancers of the breast, uterus, intestine or other removable organ; it must, however, be mentioned in passing that this fact is not widely known by the public, and that its announcement to the layman is still usually followed by an expression of astonishment.

Having reached an agreement as to the importance of early treatment of cancer, it is proper to ask the causes of the late diagnosis and treatment which is so universally complained of by all the specialists into whose hands the vast majority of these ultimately fall.

Personally, I am convinced that it is only making a logical and truthful answer to this question to ourselves individually that we can hope to lessen the cancer mortality. The answer seems simple, entirely logical and almost obvious. Cancer makes itself known by two methods and to two different classes of people; first, rarely cancer is discovered by a physician in the course of his examination of a patient before it has produced recognizable symptoms; in other words, there is now and then discovered a cancer purely by accident, the growth never having given any recognizable symptoms which could attract the attention even of an intelligent patient.

Second, the vast majority of cancers practically all announce themselves by well defined signs, recognizable first by the patient himself or herself; if, therefore, delay takes place in instituting proper treatment, one of these two classes of people are to blame; to speak first of the physician who discovers a malignant growth which had not produced noticeable symptoms, I think we can safely conclude that he who is so highly skilled and so alert as to make this diagnosis will rarely lose time in instituting radical treatment.

The other class of cancers, that vast majority which announce themselves to the patients by distressing symptoms of one sort or another, ultimately sends the patient to a physician who is usually a general practitioner of medicine; the cancer has not, of course, announced itself as such, but merely as a something abnormal, and whoever is consulted by the patient is within the present meaning of the term a general practitioner.

These patients, who, you will remember, constitute 99 per cent. of all cases, must now be divided into two classes. First, those who go immediately or at least early to their physician, and from that point on place the responsibility upon him, and second, those who through ignorance, neglect or fear conceal or omit to reveal their symptoms to some informed person; all of the latter class, and I regret to say very, very many of the former find their way to the proper treatment altogether too late, viz., at a time when the mortality of the proper treatment is high and the percentage of cure comparatively very low.

After a careful consideration of the latest available statistics—taken mostly from European sources—I am bound to con-

clude that in 40 per cent. of all cancer cases in males and nearly 60 per cent. in females diagnostic, prophylactic and operative methods, which are at present well known and published time and time again, if properly applied, would lead to cure; while, on the other hand, I feel equally sure that not 2 per cent. of all cancer cases in this country *are* cured or their life prolonged even beyond the three year limit as a result of treatment of whatever nature.

Of the first class mentioned, viz., the class who find their way early to the general practitioner, it may be said that he can by no possible means escape the accusation of neglect if they find their way to the surgeon or other specialist so late that little can be done for them; if the medical man has a proper view of his high responsibility he must charge himself with neglect of every case in which valuable time is lost in applying the most radical well authenticated methods.

The frequent plea which meets the surgeon who quietly remonstrates with the procrastinating or negligent practitioner is the "patient would not consent." This is a mere subterfuge in the vast majority of cases, and in the balance it is a self-conviction of incompetence, for any physician who is unable to convince a cancer case of the urgency of his situation is either too cowardly to do his duty or too weak to command respect.

Probably the most frequent error of the general practitioner is failure to make a correct diagnosis or to make any diagnosis at all; this seems strange and is surely a serious blot on the fair name of the practitioner of medicine; it is quite unforgivable that the practitioner should send to the operating table so many late cases of cancer, and it becomes little less than criminal when we stop to consider that 25 per cent. of all cancers in men and over 50 per cent. in women begin in plain sight or are brought into plain sight by the simplest means of examination which are to be found in the office of every up to date physician.

A most serious fault is failure to make thorough examinations with the picture of cancer before the mind's eye, particularly in all patients over thirty-five years of age, and to always remember that no age is absolutely immune from cancer. In only slightly less degree are we as physicians responsible for

the cases who conceal their ailment or omit to take advantage of modern radical methods of treatment; the practitioner is the counsel, adviser and instructor of his patients and their families, if his patients do not give him their confidence it frequently means that he has done little to deserve it.

A very general movement has sprung up among the active specialists of our profession looking toward a campaign of publicity to educate the public in regard to malignant disease; but the main work in this line must be done not by the specialist but by the general practitioner who is in direct contact with these cases long before they see a specialist.

It is high time that a combined effort was made by the medical profession to bring the operable cancer cases to the table at an early date, when a low mortality and high percentage of cure is possible; if, as we know, the past twenty-five years has produced so little result, it may require a hundred years of organized effort and millions of money to produce a material lowering of cancer mortality through foundations and research laboratories. During all this time we have in early well judged surgery a method of treatment which has already produced very encouraging results and is capable of most brilliant results if only we can supplement it by *early* diagnosis and prompt action; is it fair that in our effort to solve the cancer problem we should neglect the means we already possess for saving the lives of so many of these unfortunates?

It is the general practitioner to whom we must look for the proper answer to our question; the fatal delay does not occur in the office of the surgeon—he is alert, radical, even accused of being too radical—it occurs in the province of the medical man.

Destructive criticism without constructive suggestion would savor of scolding, which rarely accomplishes a good purpose; therefore, I will conclude this paper by suggesting seven resolutions, which if we were all to adopt them would in my judgment render more aid in lowering the cancer mortality than has all our research work up to the present date.

THE DOCTOR'S GOOD RESOLUTIONS.

(I) I will stop regarding cancer as an incurable disease; will teach patients and friends that it is curable; will always take

a hopeful attitude toward cancer in order that I may discourage concealment of incipient or early cancer by my patients and others.

(2) Having made a diagnosis of *probable* cancer, I will waste little time waiting to make that diagnosis positive, because when it becomes positive the time for operation has often passed, while, on the other hand, an exploratory incision is prompt, without material risk, and not only establishes the diagnosis but leads to the cure.

(3) I will do all in my power to prevent cancer by removing, when possible, all moles, warts, nevi and other innocent growths which are prone to become malignant.

(4) I will also prevent cancer by repairing or advising the repair of all lacerated cervixes, at latest before the patient is thirty-five years of age.

(5) I will advise and strongly urge every woman past thirty-five years of age to have a thorough examination of her breasts and pelvic organs once every six months, and will tell her that if this is done by a competent doctor she will lessen her chances of fatal cancer by more than 50 per cent.

(6) I will stop calling my chronic or recurrent cases of digestive disorders dyspepsia, gastralgia, or intestinal indigestion, and will advise an exploratory laparotomy at an early date, if modern methods do not promptly yield a positive diagnosis; if the patient refuses operation I will not hesitate to tell him or her my suspicions—calling cancer *cancer*—regardless of the prevailing custom or the requests of ill advised friends.

(7) I will hold constantly before my mind's eye, as I am examining cases, the various manifestations of cancer and syphilis, because more serious errors in diagnosis arise from failure to recognize these two diseases than from all other sources put together.

It is not conceivable, nor can any experience in the world establish it, that there should remain, or could remain, anything but a state of health when all the symptoms of disease (the whole complex of perceptible phenomena) are removed, or that the disease-causing alteration in the inward of the organism should in that event continue unextinguished.—*Organon of the Rational Art of Healing*.

A Study of Some of the Minor Remedies*

BY

F. K. HOLLISTER, CLASS OF 1895.

Physician to the Hahnemann Hospital.

ALTHOUGH the title of this paper is only selected for want of a better one, it will serve its purpose as well as any other.

Every chairman of the Bureau of Homeopathic Materia Medica seems to have difficulty in getting any one to read a paper before a medical body; this is to be accounted for by the fact that a subject which is over 100 years old must of necessity present little opportunity to offer anything new.

But we homeopathic physicians must keep up a keen interest in the subject as it is the only excuse for our medical existence.

When I graduated and was presented with the coveted diploma with the M. D. added to my name, which my younger brother facetiously said he presumed stood for "more deaths," I had already purchased a medicine case which contained over 100 remedies. On showing it to an old physician whom I had known for years, I was surprised to hear him say that "the longer you practice the fewer remedies you will use."

I have not found his prediction justified, as I am sure I am familiar with many more remedies than I was at the time I first started to practice.

How and by what method is a workable knowledge of a subject so vast to be acquired, so that we may be able to meet a medical necessity with a suitable remedy.

A farmer who has a herd of cows knows every one by name, when to a stranger they are simply cows, each one resembling the other more or less.

You and I may walk down the avenue passing hundreds, yes,

*Read before the Homeopathic Medical Society of the County of New York, April 13, 1916.

thousands of people; suddenly you stop and speak to some one who is generically like all the rest we have passed. What is there about the one you spoke to which makes you recognize him. He is the same to all intents and purposes as the others, having two eyes, two ears, a mouth and all the other appearances which go to make up the human species, and his apparel presents nothing which would distinguish him from any of the thousands we have seen.

That something which makes your friend different from any one we have met is the *same thing which makes every remedy different from every other remedy*, and that difference we call in studying materia medica a *characteristic*, and the characteristics are what we must learn in our remedies. Boëninghausen's Therapeutic Pocket Book is the best publication for this purpose, as they are all there ready for study and grouped so that no time is lost in searching.

He gives in the preface an illustration of the value of the characteristic. A case is presented where the symptoms on cursory examination are such that one would be led to prescribe pulsatilla, but on closer study that is found to be unsuitable and china seems to have more of the appropriate indications, but this is also found incorrect, when a closer study shows the little known (from a homeopathic standpoint) remedy valerian to be the proper one, which is verified shortly after its prescription. I venture the assertion that there is no one present to-night who would have associated these three drugs as in any way similar. With the limited time at one's disposal it is hopeless to attempt to prescribe a remedy to fit every case with accuracy, and that is one reason for so many failures, and the tendency to use remedies which are palliative, or still worse to degenerate into the combination tablet habit, which given a name to a disease, you have ready made at your command several medicines all together, each one of which has at some time been given by some one honest and painstaking enough to study out for himself a suitable drug to meet similar symptoms. This is a pernicious, lazy habit, it gets you nowhere, and as some one with whom I do not agree said about golf, "It's a silly game; you do it, and then you have to do it all over again, and you never get anywhere." I have tried the combination habit personally and have discarded it as worse than useless.

Imagine calling a consultant in some medical emergency and having him tell you that he had cured some similar condition by using combination tablet No. so and so. Would you value his opinion, or call him in again? You would not, and you would be ashamed to let anyone know that that was your method of practice. People can get that kind of treatment from a drug clerk who has no medical education as well or better than they can from you. No one knows the action of a combination tablet; the symptoms, if proven, might result in giving a train of symptoms entirely at variance with the symptoms found in the provings of the individual drugs making up the combination.

If you want to use more than one drug at a time study those we have and which have been proven we have many such as is seen in ars., iodide, hepar sulph., etc., etc.

I have made a habit for years of studying for a few minutes a day some homeopathic remedy, and I have found the habit too interesting and valuable to be discontinued.

My method is to begin with the so-called lesser remedies those who have few symptoms and are little known. They are just as valuable in their way as the polychrests and no effort to remember. With this as a nucleus to add each day the characteristic of some other remedy, going over and over the peculiarities of each drug and not trying to memorize the whole *materia medica*, it can't be done. But a knowledge of how one medicine differs from another will be a great assistance in arriving at a suitable remedy when the case is presented.

DIFFERENTIATION AND OBSERVATION.

(MIDDLESEX.) There are very few cases in practice which call for an immediate prescription, the great majority give ample time for a little study, and if a clue can be obtained from some peculiar symptom which stands out clearly, disks medicated with alcohol can be prescribed temporarily until time presents itself for a careful study to obtain the remedy most suited to the case, this will result in profit to your patient and satisfaction to yourself, of vice versa.

It is said that given the location of the trouble, the kind of pain, and the condition of aggravation or amelioration, a proper prescription may be made. This is undoubtedly true, yet there are so many cases where relief has been obtained from the ho-

meopathic remedy prescribed on only one of these indications that I believe a better way to study our *materia medica* is as described, namely, to familiarize ourselves with the lesser remedies first, and with this idea in mind I want to mention a few remedies which have been of great value to me and also to mention a few of their characteristics.

Alphabetically *ABIES NIGRA* comes first, and I was led to the use of this remedy by Dr. Shelton. It is useful in disturbances of digestion, and its principal indication is described by those who need it as a feeling of something in the stomach like a hard boiled egg, or door knob, if with this symptom is found as usually the case a history of the abuse of tea, the indication will be all the stronger. I have verified this many times.

ACTEA SPICATA will find its sphere of usefulness in subacute rheumatism affecting the small joints, associated with this we have an acid condition which is shown by sour stomach, perspiration, concentrated urine, etc. The aggravation of all these symptoms is especially marked at night. With this remedy must be compared *LEDUM*.

AGARICUS MUSCARIUS has for its peculiarity a sensation of trembling; this may not be noticeable to any one except the patient. A rapid pulse is always found and a common symptom is a twitching of the eyelids, which is not noticeable but very annoying. A recent case of gastritis with the most aggravated vomiting I have seen was promptly relieved by giving *Agaricus* at the suggestion of Dr. St. Clair Smith, who prescribed it on the indication expressed by the patient that she was much annoyed by the sensation of inward trembling, although there was no visible indication of it. It is of value in excessive smoking.

AMBRA GRISEA has for its characteristic a paroxysmal cough associated with great soreness of the chest, the cough is always aggravated in the morning, there is none of the aggravation by motion which we find under *Bryonia*.

AMMONIUM CAUSTICUM derives its symptoms from the combined action of the two remedies of which it is composed, and is the best remedy to make a quick cure of sudden loss of voice associated with burning and rawness.

ANACARDIUM will be indicated by its characteristic mental condition which is an aggravated *nux vomica* condition, and is

well described as a desire to curse and swear. The cases are not at all uncommon. Try it the next time you have a chance, it will not disappoint you. It is a mental sedative.

BAPTISIA is a remedy that many associate with typhoid fever, but my experience is that Bryonia will be indicated ten times to Baptisia's once in that disease. The recent so-called epidemic of grippe I say, so-called because I believe there were but few cases of true grippe this winter, have in my experience yielded to Baptisia better than to any other remedy. This remedy was suggested to a patient of mine who was treated by Dr. Clarke, of London, and the results obtained were so satisfactory that I looked it up very carefully, and have been greatly pleased with the result. You will have to be sure that Gelsemium is not the remedy, but there is no trouble in differentiating them. While I have never been an advocate of high potencies, although the size of the dose has nothing to do with homeopathy, I will confess to getting good results by using the 30th potency.

CAPSICUM is very useful in sore throat, especially in those who smoke and drink to excess. As you would expect from red pepper there is a great deal of burning in the mouth and throat, and there is also a tenacious mucus which is hard to dislodge without gagging, and with this we always will find a relaxed uvula.

CEDRON, no matter what condition this drug is used, for it must have for its keynote *periodicity*, I have cured two cases of intractable headache this winter with this remedy, and was led to its application by the fact that each case presented a headache that came on at regular intervals, one every eight days and the other every other day. Another curious symptom is that the headaches are always worse during the morning, and are likely to pass away at noon. It was the periodicity alone which led me to give Cedron.

COCCULUS with its aggravation on riding makes it useful in carsickness, and the best remedy I know of for seasickness is Tabacum. Certainly anyone suffering from the provings of Tabacum can sympathize with anyone suffering from seasickness. I have used the remedy many times with patients going to Bermuda and abroad, and have had ample results to make me a firm believer in its virtues.

DROSERA, although better known than some of the other remedies has for its keynote a deep cough, the so-called stomach cough often found in children, and this cough will get worse just the minute the child lies down. If you have ever tried to go to sleep when one of the children had one of these coughs you would appreciate Drosera more than you would otherwise.

GAMBOGIA has a yellow thin diarrhoea often found in children during the summer months, and if you find with this a constant rubbing of the eyes with the closed fist it is all the better indication for the drug. What the digging with fists indicates I do not know.

GRINDELIA. On Long Island where I practice four months every summer we have many cases of poison ivy. I used at one time quite successfully syrup of ipecac painted over the eruption. This prescription was given to me by an old school practitioner who died at Greenport a few years ago. Lately I have used tincture of Grindelia; enough put in the water to make it colored, and I have kept a piece of gauze soaked with this constantly applied. Dr. Dearborn has recently told me that milk of magnesia with from ten to twenty per cent. of Adrenalin chloride was the best application. I have had two very good results with it this spring, and shall give it a good test this summer.

The poison of the ivy is a resinous substance, and if one is aware that they have touched it it can be antidoted by washing with pure alcohol.

KALI BROM. I have used as we were taught by Dr. Timothy Allen in cases where some little pimples show on the face; they are not numerous enough to be dignified with the name of acne, but even their small size will cause great anguish to the female mind.

LILIUM TIGRINUM has been a great disappointment to me, as I have never had any result from it. The symptom, a common enough one, of everything falling out of the female abdomen, has never been helped in the least by the remedy, and I have discarded it.

LYCOPUS is in some ways similar to Agaricus. I used it a few years ago in a lady who had exophthalmic goitre. She had all the classical symptoms, the rapid pulse, 180 at times, and the tremor, the tendency to protrusion of the eyeballs, and the en-

largement of the thyroid was sufficient to prevent lying down as breathing was impossible. I feared she would strangle, and was prepared to have her operated at any time. I gave her 15 drops of *Lycopus* three times a day for over a year, but I must admit that with the remedy I gave the galvanic current daily. She was removed after a time to Bloomingdale Asylum where she was given a careful physical examination and none of the symptoms of Graves' disease were discovered, as they had all disappeared, and her pulse was not appreciably elevated.

MORPHINE SULPHATE is a remedy we do not associate as of value unless it is given with a hypodermic, but any one who has ever given it that way will remember the intractable itching that often follows its use, and it is of use in cases of itching without any visible sign of irritation, the itching will stop as soon as scratched only to come again in some other place. This is worse at night, and unless checked will prevent sleep. It has proven useful, arresting the trouble, after other remedies and local applications failed.

MANGANUM has cured a loss of voice which returns temporarily on raising a little mucus, only to be lost again shortly.

NUX MOSCHATA will help in nervous cases where every article of food immediately turns to gas as soon as eaten or a short time after, the accumulation causes constant belching which is sometimes sufficiently violent to cause explosive sounds.

OCIMUM CANUM was first brought to my attention years ago by Dr. Deschere who cured a case of apparent kidney colic, the patient suffered severely and had been under the care of various physicians without relief. He was about to undergo a surgical operation when his wife asked me if I knew anything which would relieve him. I referred her to Dr. Deschere who examined him and gave him this remedy with an entire disappearance of the symptoms, which have never returned. He suffered excruciating pain especially along the ureters and passed considerable blood. *Berberis* and *Lycopodium* must be eliminated before deciding on this remedy.

ROBINIA has a regurgitation of food which is so acid as to turn the teeth on edge. With it there is apt to be a sick headache. Another very useful remedy for those suffering from the abuse of tea.

STROPHANTHUS acts on the heart muscle producing contractions stronger than Digitalis, and is said to be safer, although I do not think that Digitalis is dangerous. I have used a great deal of it and for long periods in the same patients with never any result except beneficial ones. Strophanthus will relieve a cough which is caused by an edema of the chest quicker than any remedy I know of. The fluid caused inability to lie down, and the weakness seems to be more in the right heart than the left. I had a patient who used to spend his summers near me on Long Island, and every year when he arrived he had his cough and was obliged to sit up all night. I used this medicine with him for three years and he was always relieved and could sleep lying down, and was not bothered with his cough. He attributed this to the air, but I know that it was the medicine.

ADRENALIN CHLORIDE has so far as I know never been proven, but acting on the idea that its chief action is a constrictor, I have used it for two years in asthma, one of the hardest things to cure, and have been delighted with it. I have a patient who used to have asthmatic attacks which would last sometimes for twenty-four hours. I have tried everything I ever heard of with poor results, morphine, chloroform and all the homeopathic medicines, but now when she has them, which is at very much longer intervals, a hypodermic of from 10 to 15 drops of adrenalin chloride 1/1000 will stop the attack in about fifteen minutes. I have had the same good results in several other cases.

I have mentioned enough drugs to demonstrate what I set out to do. I could go on and give a lot of other characteristics, but it is not necessary.

An observing physician can learn something as soon as he enters the sick room which will assist in arriving at a suitable remedy. If your patient does not take any notice of you and seems to be quite unaware of your presence, you can at once bar out of your calculations all those remedies which have some degree of restlessness and mental anxiety, and the opposite is true. If your patient shows his desire to help you and takes great interest in explaining every detail which is magnified in importance out of all proportion to its value you can eliminate all remedies which have for their keynote apathy, etc. Mental symptoms are very important, and should be given great weight

in the choice of a remedy. The position assumed by the patient together with his general appearance are all factors which will help the observing.

I am well aware that there is nothing novel in what I have written, but there are so many minor remedies which are gems and so easy to remember that we may save ourselves time as well as our patient's discomfort by not overlooking them. For the man who is the best prescriber, and, therefore, the most successful, is the one who has at his command the greatest number of remedies to cure the varied symptoms which he meets.

A machine gun is a better weapon for attack and defence than a bow and arrow. Just so is he who is prepared by the time spent in getting acquainted with all the peculiarities and characteristics of the tools he works with.

An accurate diagnosis is a decidedly advantageous thing, but when it has been demonstrated at the autopsy table that the vast majority of diagnoses are incorrect, we may congratulate ourselves that we have a system of medicine where the symptoms constitute for us the disease, and that a name is not necessarily of any advantage to us, but that the totality of the symptoms are what we are to prescribe for, and if we are able to eliminate them it is of little consequence whether we have called the combination of symptoms typhoid fever or pneumonia.

There is nothing that I know of which will make a man feel better (unless it is to get a good drive off the first tee) than to get a prompt result from the properly selected homeopathic remedy, and there is nothing that will give a greater impetus to studying the materia medica than the self same result.

The unprejudiced observer, knowing the worthlessness of abstract speculation which cannot be confirmed by experience, is unable, however acute he may be, to take note of anything in any single case of disease, except the changes in the condition of the body and soul which are perceptible by the senses, the so-called disease phenomena, symptoms in fact; in other words, he can note only such fallings away from a former state of health as are recognizable by the patient himself, the friends in attendance, and the physician. All these perceptible signs make up together the picture of the disease.—*Organon of the Rational Art of Healing.*

The Chironian

The monthly Journal of the Alumni Association of the New York Homeopathic Medical College and Flower Hospital.

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The Editor is responsible only for opinions expressed in editorials.

EDITORIAL

THE July number of THE CHIRONIAN is the beginning of a new volume, and goes to our readers with the hope that the new CHIRONIAN year will be one of increasing success. That the journal has improved no one will dispute. That widespread attention has been attracted by improvements made no one will deny. That the future is full of promise for the paper no one will question. How much will *you* contribute toward the success that certainly is in sight during the coming years is the query that is directed to our readers. Perhaps you are connected with some business that will find THE CHIRONIAN a valuable means of advertising. If you are, you will be of service by writing to the business manager of the THE CHIRONIAN for advertising rates. These rates are ridiculously low for the kind of paper THE CHIRONIAN is *now*. If you do not think that the business you may be concerned with (whether it be the business of your profession or from your profession) needs THE CHIRONIAN, remember that THE CHIRONIAN *needs the help of your business*. In the past few years it is to be readily admitted that the validity of THE CHIRONIAN's need of the help of alumni everywhere has not been thoroughly recognized. Why not send your professional card for next month's issue? It will not be hard for you to interest someone into advertising for the coming year.

A Friendly Letter.

May 27, 1916.

Editor—

Accept my congratulations upon the May CHIRONIAN, its composition, make-up and get up, and sympathy for the misprints. I struggled for many years with the same (?) compositors.

You say very truly: "There is a great gulf fixed between the actual in humanity and the ideal."

It was a pity, a mistake to call this May issue "Commencement Number"—because (1) that is not the fact; this is, and it should have been entitled, the Class Annual. Also (2) the "Commencement Number" has been, and should always be, the one to which we may turn and read all about the commencement just passed.

My other criticism is the misleading and erroneous announcement (on page 209) that the Hahnemann Monument at Washington is in the "Congressional Library Grounds." It might be interesting to count just how many times this is called to your attention.

I do not know any of the 1916 sixty-five, but I like some of their faces, and feel that some must be interesting men. Have amused myself by noting that 11 left the Long Island Medical College, and 3 left other medical colleges for our Homeopathic Halls of Learning. Two already were M. D., 1 was a D. O., one a Ph G., and 7 possessed baccalaureate degrees. Twelve were born in Russia and 1 each in Roumania, Hungary, Syria, Greece and the Bahamas. Thirteen of the class have attended some literary college without graduating; 21 have had hospital experience in addition to the clinical facilities of our Alma Mater; and 32 of the 65 availed themselves of the special obstetric courses at one or more of the lying-in institutions in the city.

Nineteen hundred and sixteen is a class that seems to have been characterized by its alertness to take advantage of all possible clinical facilities.

The alumni are more than ever proud of Alma Mater.

JOHN L. MOFFAT, '77.

EDITOR'S NOTE: Everything in this letter conceded. Mistakes in May issue admitted and regretted. Friendly criticism and comments appreciated.

Alumni Notes from "Frank"

'80. Maurice D. Youngman, as freshman in the old college at 23d street, when dissecting, had assigned to him the head. Being ambitious and anxious to acquire all knowledge possible from the part given to him, he concluded to take out the brain and study it minutely. He asked me for a saw, etc. I gave him the saw, a small chisel and hammer, all that was needed for the work.

Now, in taking out a brain the operator should stand on the *left* side of the subject, so as to hold the head steady with his left hand. Pulling the scalp well over the face, the saw should not cut too deep, so as to prevent injury to the brain tissue and dura mater. After cutting all around, the chisel is inserted in the cut and the calvarium is easily pried off, showing the brain in its wonderful beauty. When lifting it out care should be taken to spread the fingers, as there is a sharp process of bone between the eyes which might easily cut the back of the fingers.

Dr. Youngman did not proceed in this way, but stood on the right side of the subject. The saw slipped and he gave himself a long ragged cut on the left hand. He was well scared, as he had heard so much of blood poisoning. He came running to me with his hand bleeding. I made him hold his hand in very hot water where I had dissolved some carbolic acid, bandaged the hand and told him to go home. The next day he came to college as usual and never experienced a sign of blood poisoning.

'80. George Porter, of all the alumni I remember, is enjoying perpetual summer, as he spends his time at Orlando, Florida, from November to April, and from May to October at Manchester, N. H., thus never encountering the snowflakes and zero temperature of New York and the eastern states.

I had the pleasure of seeing a photograph of Doctor Porter's home in Orlando. Orange trees were planted on the paved sidewalk, oleander and palmetto trees in the front yard. While our northern physician had to face blizzards and zero weather, sometimes 40 and more below, Dr. Porter could go out and pick ripe wild strawberries in February. I know whereof I speak, as I have picked wild strawberries and tomatoes in February myself.

The Nasal Sinuses*

BY

JAMES E. TYTLER, CLASS OF 1903.

Assistant Surgeon, New York Ophthalmic Hospital.

THE inflammatory condition involving the accessory cavities of the nose have until recently received scant attention, and even at the present time do not receive the care and treatment that their frequency and their serious possibilities warrant.

To bring the subject to your notice I have prepared a short article covering the latest methods of their diagnosis and treatment.

These sinuses consist of five pairs, namely, the antrum of Highmore, located in the cheek, largely in the superior maxillary bone and opening into the middle meatus of the nose through the hiatus semilunaris.

The frontal sinuses, located just above the eyes between the horizontal plates of the frontal bones, and draining into the middle meatus of the nose through the naso-frontal duct.

The anterior and posterior ethmoidal cells located in the body of the ethmoid bone, the former draining into the middle meatus, the latter into the superior meatus of the nose; and lastly,

The sphenoidal sinuses located in the body of the sphenoid bone and draining into the superior meatus of the nose posterior to the attachment of the middle turbinal.

These cavities being situated, as you will note, in intimate relation to the brain and orbit, from which they are separated by a mere shell of bone, diseases affecting them may very readily be transmitted to one of the latter. Suppurative processes may rupture into either the brain or orbit, and necrosis of the ethmoid cells or sphenoidal sinuses, which being in very close relation to the optic nerve, frequently affect that, causing optic neuritis and atrophy of the optic nerve with partial or complete blindness as a result.

*Read before the Helmuth Club, December, 1915.

The predominate symptom of sinus diseases is pain, referred to by the patient as headache, located chiefly over the region of the sinus involved, except when the ethmoids are affected in which case the pain is located vaguely deep in the head, and in sphenoidal involvement when it is located in the occipital region and radiates to the side of the head. This headache is frequently erroneously classified as being due to eye strain, stomach and intestinal disorders, menstruation, etc.

There is apt to be a tenderness to pressure over the sinus affected. Accompanying this pain there is frequently a creamy muco-purulent nasal discharge from the affected side. Discharge of mucus from one side of the nose only is indicative of sinus

This discharge may often be seen draining from under the middle turbinate bone in involvement of the frontal sinus and anterior ethmoidal cells, and from above the middle turbinal in involvement of the posterior ethmoidal cells, after the nostrils have been thoroughly cleansed of all mucus contained therein. Nasal polypi are usually caused by sinus disease, and when found a reasonably certain diagnosis of sinus inflammation may be made.

In addition to the consideration of the symptoms the more positive methods of diagnosis are transillumination and skiagraphy. In the former measure healthy sinuses show up brightly, diseased ones more darkened. In skiagraphy diseased sinuses are shadowed. The latter procedure is really more useful in determining the presence or absence of any sinus and its definite size and location.

In treating acute sinus inflammation the first object to be accomplished is to open the canal extending from the sinus to the nose, allowing the discharge of mucus which has accumulated in the sinus. The middle turbinal on the affected side is usually found enlarged, obstructing the canal entrance. The application of cocaine and adrenalin will usually reduce this swelling and a probe can then frequently be passed into the sinus. This should be followed by a tampon of a 10 per cent. solution of argyrol, which should remain in the nares twenty minutes. Upon its removal the nares should be irrigated with a warm alkaline solution. Treatments should be given daily until relief is secured. Probably three or four days. The patient meanwhile can be supplied

with cocaine, adrenalin, antipyrine solution for use at home to keep the swelling of the turbinal reduced and for the relief of pain.

In the very few acute cases which do not yield to this procedure and in chronic cases in which irrigation of the sinus itself is unsuccessful we have to resort to the radical opening of whatever sinus is affected, a proceeding that is not especially difficult nor usually painful and gives great relief to the patient.

The sinus probably most frequently affected is the frontal sinus and the most satisfactory method of opening it internally is the Mosher operation combined with the complete removal of the middle turbinal and excision of all ethmoid cells. This at the one operation opens up the frontal sinus, the anterior and posterior ethmoid cells and exposes the opening of the sphenoidal sinus.

This operation is performed under local anesthesia. The middle turbinal is first removed entirely with nasal cutting forceps and wire snare and then with a curette commence removing the anterior ethmoidal cells working forward from the bulla ethmoidalis until all cells are removed and a probe can be freely passed into the frontal sinus. The posterior ethmoidal cells are then removed in the same manner working forward from the sphenoid. When all these cells have been removed the opening of the sphenoidal sinus can be observed and the anterior wall can be removed if necessary. This operation properly performed is not especially dangerous. Great care has to be observed, however, not to allow the curette to enter the olfactory fissure and perforate the brain. This accident would occur from curetting too high towards the roof of the nose instead of following the course of the ethmoidal cells.

In very severe inflammations where there is a profuse pus formation, polypi and granulations in the frontal sinus it may be further necessary to later perform the open or external operation, thoroughly curette the sinus. The most satisfactory method of doing this is by performing the low Killian operation. This is done under general anesthesia. After the usual preparation for a major operation, an incision is made from the side of the nose upwards and outwards under the lower border of the eyebrow, extending to the outer limit of the sinus, which point has prob-

ably been previously definitely located by means of the X-ray. The soft tissue, including the periosteum, are then elevated from the bone forming the roof of the orbit. A small button of bone is then removed with a chisel from the interior end of the sinus, this opening is then enlarged until the entire floor of the sinus is removed.

A probe is then passed to the upper part of the sinus, and if the sinus is found to be of some size above the supraorbital ridge the periosteum and soft tissues covering the bone over the sinus are elevated and then the bone covering the sinus is removed. This thoroughly exposes the whole sinus for curetting but leaves a bridge of bone composed of the supraorbital ridge so there is no deformity following. Upon the complete removal of all necrosed tissue, polypi, granulations, etc., the whole wound is sewn up and drainage secured by the naso-frontal duct. In diseases of the antrum of Highmore the Caldwell Luc operation is the most satisfactory. This may be performed under local anesthesia, and consists of an incision of the bone through the mucous membrane and periosteum over the anterior antral wall in the canine fossa. The tissues are then retracted to below the intra-orbital foramen and the bone forming the anterior antral wall is then removed with a chisel and rongeur. This is followed by an opening from the nasal cavity to the antrum. The antro-nasal wall is perforated with a trocar underneath and one-half inch posterior to the anterior attachment of the inferior turbinal. After thorough curetting of all granulations, etc., in the sinus the oral opening is then closed and sewn up and drainage secured through the nasal opening, which, if necessary, can be enlarged with a chisel. A human head was then exhibited upon which I had performed the operations cited previously, which gave a very clear illustration of the size and locations of the sinuses and the effect of the operations upon them.

It may be granted that every disease must depend upon an alteration in the inner working of the human organism. This disease can only be mentally conceived through its outward signs and all that these signs reveal; *in no way whatever can the disease itself be recognized.*—*Organon of the Rational Art of Healing.*

Friendly Letters.

Editor—

Busy Dr. S. one morning found a patient very blue because, as she explained, the nurses he had sent were named, respectively, Coffin and Hearse.

"I never thought," apologized the doctor, "but if you need a third I can send you Miss Graves."

The nurses accommodately expressed willingness to change the objectionable names, provided satisfactory assistance were proffered.

(—FACT.)

May 24, 1916.

Editor THE CHIRONIAN,

Flower Hospital, New York, N. Y.

We have received to-day exchange copy of THE CHIRONIAN. For some reason the *Journal of the American Institute of Homoeopathy* has not heretofore been recognized by your exchange list. We shall be glad to continue to receive the journal. Your April number is an excellent magazine.

Cordially yours,

SARAH M. HOBSON, M. D.

As, then, in disease there is nothing to lay hold of except these phenomena, the disease can be only related to the required remedy through the symptoms, by means of which, in fact, it both makes known the need of the patient for help and points to the kind of help that is required. And thus this symptom-complex, this outward reflection, which is a representation of the inward being of the illness, is the only means whereby it is possible to discover a remedy for it, the only means which can indicate the most appropriate agent of cure.—*Organon of the Rational Art of Healing*.

Book Reviews.*

POCKET MANUAL OF HOMEOPATHIC MATERIA MEDICA, comprising the characteristic and guiding symptoms of all remedies. By William Boericke, M. D., Professor of Homeopathic Materia Medica and Therapeutics at the University of California, etc. Sixth edition, revised and enlarged, with the addition of a repertory by Oscar E. Boericke, A. B., M. D. Boericke & Runyon, New York, 1916.

This conveniently sized reference work on the homeopathic materia medica has come to be regarded as a classic in the homeopathic school and justly so, since its author, Prof. William Boericke, is perhaps the ablest teacher of homeopathic materia medica to-day. The fact that the book is now in its sixth edition testifies to the high praise which can be bestowed upon it.

As in the preceding editions the many remedies are presented according to the Hahnemannian schema, and each remedy is prefaced by a succinct epitome of its general sphere of action. This feature alone is of inestimable value. All newly proved remedies, as well as all published verifications, have been added to this edition.

Comparisons are frequently made, relationships with other remedies are carefully noted and dosage, either homeopathic or physiologic, suggested. Non-homeopathic uses of such drugs as Belladonna, are also clearly set forth.

A useful repertory, practically arranged, completes the book and is a valuable addition which will commend itself to the busy physician in his daily work. Being clinical, it does not aim to take the place of the larger works, such as Kent's Repertory, which is better adapted for the purpose of repertory analysis in difficult and especially chronic cases.

Students, as well as the busy physician, will find this materia medica of great practical value and instruction.

*Reviewed by Dr. Rabe, Professor of Materia Medica, New York Homeopathic Medical College and Flower Hospital.

THERAPEUTIC BY-WAYS, being a collection of therapeutic measures not to be found in the text-books. Collected from all sources, condensed and arranged by Dr. E. P. Anschutz. Philadelphia: Boericke & Tafel, 1916.

This little work by the indefatigable Anschutz, will give its reader many a useful hint. The little things in life are frequently the most annoying, and to the busy physician the little things in medicine are often the most perplexing. The cure of a simple cold will give more trouble than the cure of a case of pneumonia, many times; yet the therapeutics of the latter are to be found in profusion in every homeopathic text-book, while little of any value is said about the former.

This little compilation gives its readers practical pointers concerning the little things, as well as in relation to the more important ones. It is a readable volume, easily put in the coat pocket, to be taken out and referred to at odd moments.

HOSPITAL NEWS ITEMS.

The Hospital needs a new ambulance. During the winter, as you all know, the traffic was very hard and has practically put one of our ambulances out of commission. One of our friends has stated that he would give \$1,000 if we could raise \$2,000. Any money that you can spare for this purpose will be gratefully received.

Dr. L. L. Danforth has recently presented to the Flower Hospital, through the generosity of a patient, two lungmotors, one for adults and one for infants. The latter will always be kept ready for instant use in the lying-in room. The larger instrument can be used anywhere in the hospital it may be needed at a moment's notice.

Dr. E. Welles Kellogg has donated some very useful surgical instruments.

Dr. William Tod Helmuth has added to the X-ray equipment, and we expect in the near future to install some Coolidge tubes. As you perhaps know, the X-ray Laboratory is for your use. The charges are moderate and the pictures as good as can be obtained any place in the city.

The Trustees have recently made an appropriation for the

purchase of surgical instruments and supplies to be used in setting up trays for various dressings, such as vaginal sets, intravenous sets, catheterization sets, aspirating sets, hypodermoclysis sets, etc. These, we feel sure, will fill a long felt want.

Charles W. Harkness, who has given us a generous annual contribution, has recently died, and we hope that some one can be found to continue his contributions.

The graduating exercises of the Nurses' Training School were held in the Senior Lecture Room on the evening of May 23rd. There was a fairly large audience present, including a number of the attending staff. Dr. Rabe gave the address of the evening, Hon. Melbert B. Cary and Mr. Henry L. Langhaar gave short addresses and Dr. R. S. Copeland, Dean of the College, presided. The following nurses received their diplomas:

Cora Osborne Horton, Patchogue, L. I.

Mildred Josephine Lum, R. N., South Norwalk, Conn.

Bessie Cornelia Moses, R. N., Auburn, New York.

Minnie Abbey, R. N., Newark, New Jersey.

Leah Hortense Timmerman, Catskill, New York.

Agnes Stanley Scott, Southold, New York.

After the exercises refreshments were served in the Alumni Laboratory, and dancing was enjoyed till midnight. The exercises this year were most enjoyable, and you should plan to be present next year. The nurses' graduation was purposely made a part of Commencement week so that the out-of-town folks might attend if they cared to.

We are greatly in need of a utensil sterilizer for the Operating Room in the Clinical Hospital. At present it is necessary to sterilize these utensils in the dressing sterilizer, which is not always available. Perhaps some of your patients would like to contribute toward this useful article, which will cost about \$130.00.

The invisible disease producing alteration in the inward man together with the visible alteration in health (the sum of the symptoms) make up that which is called disease: both together actually constitute the disease.—*Organon of the Rational Art of Healing.*

Obituary.

J. W. FAWDREY, CLASS OF 1890.

J. W. Fawdrey, M. D., was born in Albany, N. Y., July 18, 1865, and died November 10, 1915, at his home, East Main street, Corfu, New York, from a complication of diseases. His health had been very poor for the last three years of his life.

For several years Dr. Fawdrey was employed in a drug store in Albany, having been a graduate in pharmacy. In April, 1890, he was graduated from the Homeopathic Medical College of New York, being valedictorian of his class. The following month he became attending physician in the hospital of the New York State training school in New York. In 1891 he took up a private practice on Claremont avenue, in New York, continuing until he moved to Corfu, in March, 1902. On October 14, 1896, Dr. Fawdrey married Miss Anne D. Harding, of Gilbertsville, Ostego Co., who was a graduate of the N. Y. S. Training School. Besides his wife he is survived by four children, Mrs. E. Buchanan, of Dexter; Lolietta A., Harry and Winfield Fawdrey, all at home; his mother, Mrs. Sarah Fawdrew, two brothers, Norman and Fred., of Sacketts Harbor, and Dr. William C. Fawdrey, of Lorraine.

ANDREW J. RICHARDSON, CLASS OF 1870.

Dr. Andrew J. Richardson died on Monday, April 17, 1916, at his home, 39 East 83rd street, in his sixty-ninth year. He was born in Sutton, Vermont; received his education at the Newbury, Vermont, Academy. He came to New York in 1867, and was graduated from the New York Homeopathic Medical College and Hospital in 1870. He was surgeon in the Hahnemann Hospital for five years, then attending physician in the Yorkville Homeopathic Dispensary for several years; also attending physician at the Baptist Home for the Aged, and New York Home for Intemperate Men.

He was a member of the New¹ York County Homeopathic Medical Society and the State Homeopathic Materia Medica Society. He also has been a member of the American Institute of Homeopathy since 1890. He leaves a wife and two sons, Dr. Arthur H., '02, and Bertram A. Richardson, and two brothers, B. M. Richardson, '65, and Geo. U. Richardson, '73, all graduates of the N. Y. Hom. Med. Coll. and Flower Hospital.